

☐ Visa ☐ MasterCard Exp. Date _____

Credit Card No.

OR

Permit Account No.

Type All Answers and Answer All Questions Fully

Vehicle Owner

Address

Application for permit for limited continuous operation of overdimension and overweight vehicle or combination of vehicles empty and loaded to make repeated crossings of state maintained roads

Location of crossing(s) _____

Vehicle _____ Load _____

Make

Model Number _____

Number of Axles

Serial Number _____

Gross Weight Empty _____

Loaded

Overall Dimensions of Vehicle and Load

Width Ft. In.

Length Ft. In.

Height Ft. In.[illegible]

I, _____ certify that I

Name of Applicant

Official Title

have read the foregoing application and that all statements and data contained herein are true and correct.

Signature

Date _____

How do you want the permit returned to you?

- ☐ Mail (to the address above)
☐ Pickup (I will pick it up at the Permit Office)

Mail, Fax, or Email Application to:
Illinois Department of Transportation
2300 S. Dirksen Pkwy., Rm. 117
Springfield, IL 62764
Fax: (217) 782-3573
Email: Permitoffice@dot.il.gov

This form, along with all other Illinois OS/OW permit application forms, is available on the Internet at: <http://www.dot.il.gov/road/trucks.html>. Click on Application Forms. Adobe Acrobat required.
For more information call 217-558-1428.